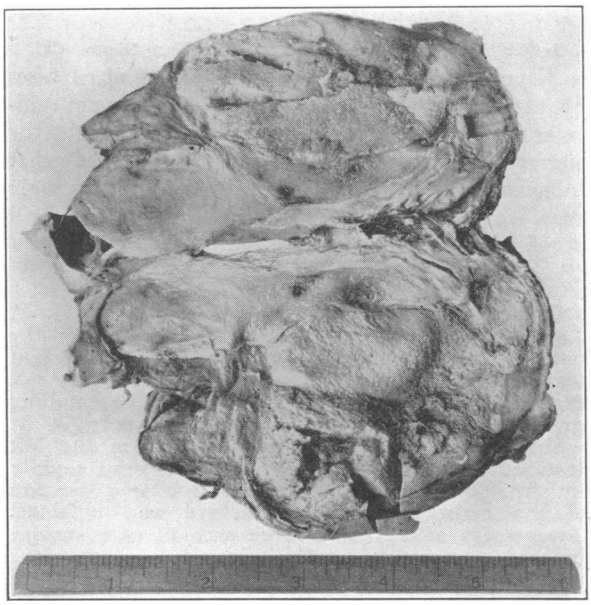

Fig. 1
Cut surface of right testicular tumor showing its enormous size and the absence of normal testicular tissue

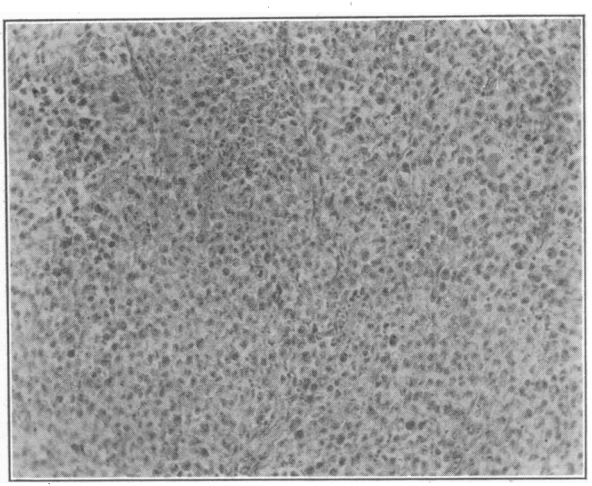

Fig. 2
High power microphotograph showing the typical large, polyhedral cells with large dense nuclei, containing numerous mitoses, and a clear, almost colorless cystoplasms

cancer of both testicles been described by Oraison. His case was that of a man fifty years of age, who, early in 1918, suffered a testicular traumatism. Some months later, when he had apparently recovered, he made a journey of 15 kilometers on foot. Immediately afterward, his right testicle became swollen, but not painful. This swelling increased, and in a short time similar changes took place in the left testicle. The patient was treated locally for two months, at the end of which time operation was decided upon, but diagnosis was reserved. In the region of the left testicle the vaginalis was filled with fluid and a neoplasm was found, involving the testicle and cord. A similar condition was found on the right side. The tumor on the left side was removed, but the growth on the right was left intact, owing to the patient's condition. Microscopic examination of the tumor showed it to be an epithelioma, having its origin in the seminal vesicles. The points of interest in the case are the bilateral position and its relation to trauma. In the case reported in this paper no point other than the testes themselves could be determined as the origin.

GLIOMA OF THE RETINA

Case Report by HUNTER L. GREGORY, M. D., Stockton, Calif.

The patient whose history is here given is a boy, age four. The child was brought into my office by his mother on April 6, 1922, with a request that I examine his eyes.

On questioning the mother I was told that the first evidence of any ocular manifestation was in December of the preceding year, at which time there was noticed a diminution in the vision of the left eye.

When I first noticed the patient I observed a bright, whitish reflex emanating from the pupil, and on examination there was noted a marked increase in tension, the pupil was dilated, cornea and anterior chamber clear, lids and conjunctiva normal. Fingers could be seen to the temporal side.

The pupil was dilated, and on opthalmoscopic examination I was able to observe a mass situated behind the lens and covered with newly formed blood vessels.

In making a diagnosis in these cases we must consider pseudo-glioma, in which case there will be a history of acute febrile disease followed by inflammation of the eyeball and also a previous inflammation of the iris. In this case there was no such history given and I felt justifiable in making a diagnosis of glioma.

Immediate enucleation was advised and I could see that the mother was prone to seek other advice. I did not see this patient again until the latter part of November, at which time the eye had become transformed into a large, ulcerated, painful and bleeding mass, filling the entire orbit and projecting out between the lids.

Christian Science treatment was then discontinued and the eye enucleated. Since that time I have been unable to obtain additional history.

PSYCHOTIC SEQUELAE OF EPIDEMIC ENCEPHALITIS *

By ROBERT LEWIS RICHARDS, San Francisco

In the study of epidemic encephalitis our attention during the epidemic period of 1919 and 1920 was too much centered on the lesions of the midbrain and the reactivations of the process. Many mild cases were overlooked or wrongly diagnosed only to manifest more marked cortical disturbances later and lead to a more correct diagnosis. Among the large number of patients in out clinics, this mistake in diagnosis has frequently been discovered. Thus, at Bellevue Hospital low psychometric results in successive tests of the same individuals were found to depend upon an intervening attack of epidemic encephalitis (Mental Hygiene, Janu-

* Read before the Section on Neuropsychiatry of the California Medical Society, May 17, 1922.